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CONFIRMATION NO. 6108

<b>SERIAL NUMBER</b> 10/701,253	<b>FILING OR 371(c) DATE</b> 11/04/2003 <b>RULE</b>	<b>CLASS</b> 600	<b>GROUP ART UNIT</b> 3735	<b>ATTORNEY DOCKET NO.</b> 42581-P002P1
<b>APPLICANTS</b> Pat D. O'Donnell, Tulsa, OK;				
<b>** CONTINUING DATA *****</b> This application is a CIP of 10/308,735 12/03/2002 PAT 6,808,486 <i>cpB</i> <b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> <b>** 02/03/2004</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>CPA</i> Examiner's Signature <i>CPA</i> Initials <i>CPA</i>		<b>STATE OR COUNTRY</b> OK	<b>SHEETS DRAWING</b> 11	<b>TOTAL CLAIMS</b> 21
<b>INDEPENDENT CLAIMS</b> 4				
<b>ADDRESS</b> Winstead Sechrest and Minick, P.C. 406 South Boulder Suite 450 Tulsa, OK74103				
<b>TITLE</b> Surgical instrument for treating female urinary stress incontinence				
<b>FILING FEE RECEIVED</b> 437	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	